

A. N. Shown, MD  
1800 E. Speedway.

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

584

22

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH 2. AND RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>24 Yrs.</u> IN ARIZONA <u>24 Yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>	
	C. CITY OR TOWN <u>Tucson</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>1635 No. Alamo</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1635 No. Alamo</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Victor</u> B. (MIDDLE) <u>M.</u> C. (LAST) <u>Schull</u>				4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
PRECEDENT PERSONAL DATA 176 6 154	6B. NAME OF SPOUSE <u>Elizabeth Schull</u>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>8</u> YEAR <u>83</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>70</u>	IF UNDER 1 YEAR MONTHS <u>-</u> DAYS <u>-</u>	IF UNDER 24 HRS. HOURS <u>-</u> MIN. <u>-</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Stell Works</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Pueblo, Colo.</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> <u>No ne</u>	
	14A. FATHER'S NAME <u>Victor Schull</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Switzerland</u>	15A. MOTHER'S MAIDEN NAME <u>Not Known</u>		13. SOCIAL SECURITY NO. <u>526-10-0997</u>
	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Not Known</u>		16. INFORMANT'S SIGNATURE <u>Mark E. Madema</u> ADDRESS <u>3337 E. Flower</u>			
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>447X</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <u>Probably - Cerebrovascular Accident</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Hypertensive arteriosclerotic vascular disease</u> DUE TO (C) _____ 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Unknown</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO FATAL INJURY	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec 5</u> , 19 <u>53</u> , TO <u>Jan 5</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec 5</u> , 19 <u>53</u> , AND THAT DEATH OCCURRED AT <u>5:45 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) <u>A. N. Shown M.D.</u>		23B. ADDRESS <u>1800 E. Speedway, Tucson, Ariz.</u>		23C. DATE SIGNED <u>1/7/54</u>	
	24A. BURIAL OR CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>1-8-54</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Grantwood Semetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>
FUNERAL DIRECTOR AND REGISTRAR 55 2 124	25A. DATE REC'D BY LOCAL REG. <u>1-7-54</u>		25B. REGISTRAR'S SIGNATURE <u>Thomas H. Oakley</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Howard G. Bueh</u> ADDRESS <u>Bring's Funeral Home</u>	
			27. EMBALMER'S SIGNATURE <u>Arthur J. Colair</u>		CERT. NO. <u>2607</u>	